## RECEIVED **CENTRAL FAX CENTER**

NOV 2 2 2005

		Application Number	10/017,640			
TRANSMITTA	Filing Date	December	December 14, 2001			
FORM		First Named Inventor	William Ma	William Matz		
		Art Unit	3629	3629		
(to be used for all correspondence after initial filing)		Examiner Name	J. P. Ouelle	J. P. Ouellette		
Total Number of Pages in This Submission: 7		Attorney Docket Number	BS01342	BS01342		
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Fee Transmittal Form Fee Attached  Amendment/Reply  After Final Affidavits/declaration(s)  Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Drawing(s) Licensing-related Papers  Petition  Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s)  Remarks:		Appeal Co and Interfe Appeal Co (Appeal N Proprietar  Status Lei	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprletary Information  Status Letter Other Enclosure(s) (please Identify below):		
SIGNA	TURE OF APPLICAN	T, ATTORNEY, OR	AGENT			
Name (Print/Type)	Bambi Faivre Walters		Reg. No.:	45,197		
Signature	ore 7	Walters	<u>.</u>			
Date 11/22/05						
CERTIFICATE OF TRANSMISSION / MAILING						
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.						
Name (Print/Type)	Maureen M. Pettine		Date	11/2-2/05		
Signature	Maureen M. Patine					

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: William Matz et al. Group Art Unit: 3629 J. P. Ouellette Application No.: 10/017,640 Examiner: Filed: December 14, 2001 Title: "System and Method for Identifying Desirable Subscribers" VIA FACSIMILE 571-273-8300 Attn: Examiner J. P. Ouellette 37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on: 11/20/05 (date of transmission). Maureen M. Pettine Name of Person Faxing This Paper Date of Transmission 11/23/2005 TL0111 00000022 10017640

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## INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached Form PTO 1449 (p. 1). The references cited are as follows:

6,353,929	Houston, John	03/2002
5,872,588	Aras, et al.	02/1999
5.796.952	Davis, et al.	08/1998

This Information Disclosure Statement is being submitted after the mailing of a first Office Action in this application and therefore, the certification fee is believed to be required (37 CFR § 1.97b(3)).

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It is respectfully requested that the references listed on the attached form be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,

Attorney for Applicants Registration No. 45,197

P. O. Box 5743

Williamsburg, VA 23188 Telephone: 757.253.5729

Date: 11/22/05

FFF	TRAN	SMITI	ΓΔΙ	Application N	lumber	10/017,640	)	
				Filing Date		December	44 0004	E/New Ares
for FY 2005			First Named	Inventor	William Ma		ECEIVED	
101 F 1 2003				Examiner Na		J. P. Cuelle	ette	AL FAX CENTER
Applicant claims s	mall entity status. See:	37 CFR 1.27		Art Unit	····	3629	NO	V 2 2 2005
				Attorney Doo	ket No.	BS01342		* & & ZUUD
TOTAL AM	OUNT OF PAYMI	ENT	\$180.00					
METHOD OF PAYI	t Card Money C	order    None    None			Deposit Accour	nt Name:		
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1. BASIC FILING, S	EARCH, AND EXA	MINATION FEES						
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Design 2	200	100	100	50	13	30	65	
Plant 2	200	100	300	150	16	60	80	
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2. EXCESS CLAIM F Fee Description	EES						Fee (\$)	Small Enty Fee (\$)
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Each independent cla		Reissues)					200	100
Multiple dependent cla		, ,					360	180
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4. OTHER FEE(S)	100 =	<del></del>	/50		ound up) x			Fee Paid (\$)
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Other (e.g., late filing surcharge): Supplemental IDS								<u>\$180.00</u>
SUBMITTED BY:	In the Paris		Seeleterden Me	<del></del>	45 407		Complete (if applicable	
Name (Print/Type)	Bambi F. Walter	8	Registration No. (Attorney/Agent)	<u></u>	45,197		Telephone:	(757) 253-5729
Signature	Eli 2	welte		•	Date		11/22/08	

p.5

FEE TRANSMITTAL  for FY 2005  Applicant claims small entity status. See 37 CFR 1.27				Application Number	10/017,64		TENETY -
				Filing Date	December	14. 2001	CEIVED
				First Named Invento	William M	atz CENTRA	L FAX CENTER
				Examiner Name	J. P. Ouel	lette NO	<b>/ 2 2</b> 2005
				Art Unit	3629	1101	L L 2003
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Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
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4. OTHER FEE(S	S)		(Income				
	cification, \$130 fee (n	no smali entity di	iscouni) In IDS		•		\$180.00
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SUBMITTED BY: Name (Print/Typ		Iters	Registration N		5,197	Telephone:	(757) 253-5729
	<u> </u>		(Attorney/Ages	<del>ng</del>	T	·./ - /	_ <del></del>
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Signature	100						